dental
group claim form

Group Claim Office
P.O. Box 82520 / Lincoln, NE 68501-2520
Toll Free 800.487.5553 / Fax 402.467.7336
Web ameritasgroup.com/stateSD
Ameritas' payer ID for electronic claims is 47009.

AMERITAS
LIFE INSURANCE CORP.

PART 1 – TO BE COMPLETED BY MEMBER
For faster payment, submit electronically!

1. Patient's full name (first, middle initial, last)	2. Patient birthdate (MM/DD/YY)	3. Relationship to member ☐ self ☐ spouse ☐ child ☐ other	4. Sex ☐ M ☐ F

5. Member's full name (first, middle initial, last)	6. Member's identification number	Member's birthdate (MM/DD/YY)

7. Member's mailing address (Street address or P.O. Box, City, State, ZIP) — Email address

8. Employer (company) name and address	**State of South Dakota**	9. Group number **010-350730**

QUESTIONS 10 AND 11 MUST BE COMPLETED WITH EACH CLAIM SUBMISSION

10. Is patient covered by another dental plan? ☐ Yes ☐ No — Name and address of other carrier — Name and address of other employer

11. Other member/subscriber name	Member/subscriber identification number	Date of birth (MM/DD/YY)	Relationship to patient

12. I have reviewed the following treatment plan, and I authorize release of any information relating to this claim. I understand that I am responsible for all cost of dental treatment. I certify these statements to be true and complete to the best of my knowledge.

X_____ _____
Signature (patient, or parent if minor)   Date

13. I hereby authorize payment directly to the below named dentist of group insurance benefits otherwise payable to me.

X_____ _____
Signature (patient, or parent if minor)   Date

Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim are provided by the claimant.

PART 2 – TO BE COMPLETED BY ATTENDING DENTIST. Please provide Current Dental Terminology © American Dental Association procedure codes.

14. Dentist name and mailing address

For Yes answers to questions 17-19, enter a brief description and dates.

17. Is treatment result of occupational illness or injury?. . . . . . . ☐ Yes ☐ No

18. Is treatment result of auto accident?. . . . . ☐ Yes ☐ No

Specialist designation	Phone #	General anesthesia permit #

19. Other accident?. . . . . ☐ Yes ☐ No

Email	Fax number

20. If Prosthesis, is this initial placement? . . . . ☐ Yes ☐ No
    If no, reason for replacement, and date of prior replacement

15. Dentist SSN or TIN	NPI (National Provider Identifier)	License #

21. Is treatment for orthodontics?. . . . . ☐ Yes ☐ No
    If services already have begun, enter date appliances were placed, and months remaining

16. Radiographs or models enclosed? ☐ Yes ☐ No   How many?

22. This is a (please check one): ☐ Statement of actual services ☐ Pretreatment estimate

23. EXAMINATION AND TREATMENT RECORD

Tooth number, letter, quadrant or arch	Surfaces	DESCRIPTION OF SERVICES (including x-rays, prophylaxis, materials used, etc)	CDT © ADA Procedure Code	Month	Day	Year	Fee

24. Remarks for unusual services

25. Total fee charged

26. CERTIFICATION: I hereby certify that the services listed above have been performed on the dates indicated and that the fees submitted are the fees I have charged and intend to collect for those purposes.

27. Address where treatment was performed

X_____ _____
Signature (Dentist)   Date

GC 396 Ed. 7-12

tips
how to speed claims processing

part 1 – employee

Missing or incomplete information will slow down claims processing.
To avoid this, please be sure to include:

#2 Patient birthdate
Helps identify an insured and determine dependent eligibility.

#6 Employee's identification number
This is the most important identifier for the plan member.

#8 Student status
Because this information often changes, it is required on every claim for
dependents age 19 years and older.

#11 and **#12** Coordination of benefits for dental
The "No" box under #11 should be checked if no other **dental** coverage exists.
If there is other dental coverage, the additional information requested is necessary
for coordination of benefits. This information is required on every claim.

part 2 – dentist

Some dental claims require dental consultant review for accurate processing.
To help expedite the claims process, please be sure to include:

#16 National Provider Identifier
There are two types of NPI. Type 1 is for individual providers who operate indepen-
dently. Type 2 is for health care providers such as group practices or corporations
including incorporated dental practices. Type 2 organization providers may want their
individual provider employees to have Type 1 NPIs to distinguish them individually.

#17 and **#24** Supporting Documentation
In addition to the following list, narratives or photos also may be submitted.
Documents should be dated and legible. Original radiographs will be returned.
Please label duplicate films left and right. All supporting documentation should be
current within one year. Procedure codes listed are based on CDT © ADA.

> - Pre-operative radiographs for D2510-D2664, D6600-D6634, D2710-D2794, D6710-D6794, D6205-D6252, D2950, D6973, D2952-D2954, D6970-D6972, D2960-D2962, D3346-D3348, D3351-D3353 and D6010.
> - Pre-operative radiographs and legible surgical notes for D7210-D7241.
> - Legible surgical notes only for D7310-D7321.
> - Numerical 6-point periodontal charting for D4210-D4211, D4240-D4241, D4341-D4342 and D4381.
> - Radiographs and numerical 6-point periodontal charting for D4260-D4261 and D4263-D4264.
> - Gingival grafting procedures and measurements for D4270-D4271, D4273, D4275 and D4276.

#21 Prosthesis - Initial or Replacement
Required for crowns, onlays, bridges and partial or complete dentures.
If a replacement, prior placement date is needed.

#23 Statement of actual services, or Pretreatment estimate
Appropriate box should be marked to ensure correct handling.

#24 Tooth number, letter, quadrant or arch
Site-specific information is required using the Universal/National Tooth
Numbering System.

pretreatment estimate of benefits

We recommend a pretreatment
estimate of benefits when a plan
member considers the dental work
to be expensive. A pretreatment
estimate lets both the member and
dental provider know in advance
how much insurance will pay.

If dental coverage terminates
for any reason during treatment,
only procedures performed before
coverage ended will be eligible
for payment.

For full information regarding
coverage, plan members may refer
to their insurance plan booklet.

website

Visit our website for benefit
information, electronic forms,
a dental provider list and more.

Please note, the free software
Adobe Reader® (available through
the internet) is needed to view
and print the electronic forms.

electronic claims and attachments

Dental providers, with electronic
claims we can process the same day
received and send a check within
seven business days. Plus, most
software can submit claims and
attachments while simultaneously
creating accounting records. For
more information, please visit the
following websites:
ndedic.org
ez2000dental.com
nea-fast.com